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TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
	03-34	New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		1
TOR. REALTH CARE PHANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
	SOCIAL SECURITY ACT (MED	ICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	April 1, 2003	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	7.51.1.1, 2000	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT ☐		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
		imenument)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447.204	a. FFY 4/01/03 – 9/30/03 (\$1	,437,500)
	b. FFY 10/01/03 - 9/30/04 (\$2	.875.000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	
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	SECTION OR ATTACHMENT (If A	pplicable):
Attachment 4.19-B, Page 7(a)(i)	Attachment 4.19-B, Page 7(a)(i)	
, 6 (7,7)		
10. SUBJECT OF AMENDMENT:		
Non-Institutional Services - Adult Day Heath Care Services		
Hon-montational Services - Addit Day Heath Care Services		
11. GOVERNOR'S REVIEW (Check One):		
	CTUED ACCDI	CIEIED.
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPE	CIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		·
	•	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCI OFFICIAL.	i	1 145 - Oi
KATAN KILAMIY	New York State Department of Health, Corning Tower, Empire State Plaza, Albany, New York	
13. TYPED NAME: Kathryn Kuhmerker		
15. TTTED NAME. Namingi Numiner Net	12237	
14 TITLE Down to O leaders	_	
14. TITLE: Deputy Commissioner		
Department of Health		
15. DATE SUBMITTED:		
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June 30, 2003		
	Section 1	
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New York 7(a)(i)

Attachment 4.19-B (04/03)

- (c) Allowable costs shall include, but not be limited to the following:
 - (1) applicable salary and non-salary operating costs;
 - (2) costs of transportation; and,
 - (3) appropriate portion of capital costs, allocated according to instructions accompanying the RHCF-4 report.
- (d) the maximum daily rate, excluding the allowable costs of transportation, for services provided to a registrant in a 24 hour period as described in Part 425 of this title shall be 75 percent of the sponsoring facility's former skilled nursing facility rate in effect on January 1, 1990, with the operating component trended forward to the rate year by the sponsoring facility's trend factor.
- (e) notwithstanding subdivision (d) of this section or any other regulations to the contrary, for the period July 1, 1992 to March 31, 1993 and annual periods beginning April 1, 1993 through March 31, 1999, [and from] July 1, 1999 through March 31, 2003, and from April 1, 2003 through March 31, 2005, the maximum daily rate, excluding the allowable costs of transportation, for services provided to a registrant in a 24 hour period as described in Part 425 of this Title shall be 65 percent of the sponsoring facility's former skilled nursing facility rate in effect January 1, 1990 with the operating component trended forward to the rate year by the sponsoring facility's trend factor.

sponsoring facility's trend factor TN 03-34 Approval Date $\frac{02/20/04}{2000}$ Supersedes TN 00-01 Toothive Date $\frac{04/01/03}{2000}$